EXHIBIT H

FORM B10 (Official Form 10) (10/05) PROOF OF CLAIM: **United States Bankruptcy Court** Southern District of New York Name of Debtor Case Number USBCSOUTHERN DISTRICT OF NY Bayou Superfund, LLC 06-22307 LLCCASE #06-22306 OU GROUT NOTE: This form should not be used to make a claim for an administrative expense arising after the common case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. \$ 503 CLAIM NO. 789 Name of Creditor (The person or other entity to whom the debtor owes ☐ Check box if you are aware that anyone else has filed a proof of money or property): claim relating to your claim. Attach copy of statement giving Broad-Bussel Family Limited Partnership particulars. Name and address where notices should be sent: ☐ Check box if you have never c/o Berger & Montague, P.C. received any notices from the bankruptcy court in this case. Attn: Merrill G. Davidoff 1622 Locust Street, Philadelphia, PA 19103 ☐ Check box if the address differs from the address on the envelope sent to you by the Telephone number: 215-875-3000 This space is for Court Use Only Last four digits of account of other number by which creditor identifies Check here ☐ replaces debtor: 0709 (See Addendum) a previously filed claim, dated: if this claim amends Retiree benefits as defined in 11 U.S.C. § 1114(a) 1. Basis for Claim Goods sold Wages, salaries, and compensation (Fill out below) Services performed Last four digits of your SS#: Money loaned Unpaid compensation for services performed Personal injury/wrongful death Other See Addencum (date) (date) 2. Date debt was incurred: 3. If court judgment, date obtained: January 5, 2004 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. (See Addendum) Unsecured Nonpriority Claim \$ 1,250,000-plus Secured Claim. Check this box if: a) there is no collateral or lien securing your Check this box if your claim is secured by collateral (including a right of claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Brief Description of Collateral: ☐ Real Estate □ Motor Vehicle □ Other Unsecured Priority Claim. Value of Collateral: \$ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included Amount entitled to priority \$ in secured claim, if any \$_ Specify the priority of the claim; O Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or O Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). (a)(1)(B). Wages, salaries, or commissions (up to \$10,000),* earned within Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). □ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). respect to cases commenced on or after the date of adjustment. 5. Total Amount of Claim at Time Case Filed: \$ 1.250,000-plus (Total) (secured) (priority) (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. (See Addendum) This Space is for Court Use Only 6. Credits: The amount of all payments on this claim has been credited and deducted for the Time. purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim stated copy of power of attorney, if any): Alem is France Sec Y, Broad-Bussel Date 07 Enterprises, Inc. (G.P. of Broad-Bussel Family L.P. Penalty for presenting fraudulent claim; Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

FORM B10 (Official Form 10) (10/05)		
United States Bankruptcy Court Souther	n District of New York	PROOF OF CLAIM
Name of Debtor Bayou Accredited Fund, LLC NOTE: This form should not be used to make a claim for an administrative expens	LBAYQU	SOUTHERN DISTRICT OF NY ROUP, LLC CASE #06-22306
case. A "request" for payment of an administrative expense may be filed pursuan		CLAIM NO. 718
Name of Creditor (The person or other entity to whom the debtor owes money or property):	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	73 - 25 - 7
Caroline B. Glass	Attach copy of statement giving particulars.	
Name and address where notices should be sent: c/o Berger & Montague, P.C. Attn; Merrill G. Davidoff 1622 Locust Street, Philadelphia, PA 19103	☐ Check box if you have never received any notices from the bankruptcy court in this case. ☑ Check box if the address differs from the address on the	
Telephone number: 215-875-3000	envelope sent to you by the court.	This space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor: 1879 (See Addendum)	Check here replaces if this claim aprevi	iously filed claim, dated:
1. Basis for Claim Goods sold Sarvices performed Money loaned Personal injury/wrongful death Taxes Other See Addendum	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (Last four digits of your SS#: Unpaid compensation for services pe from	Fill out below) riormed
2. Date debt was incurred: January 15, 2003	3. If court judgment, date obtaine	
4. Classification of Claim. Check the appropriate box or boxes that be See reverse side for important explanations. (See Addendate Unsecured Nonpriority Claim \$ 1,140,000-plus ✓ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. □ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$	Secured Claim. Check this box if your claim is se setoff). Brief Description of Collateral: Real Estate Motor Ver Value of Collateral: Amount of arrearage and other c in secured claim, if any \$	nicle Li Otherharges at time case filed included
□ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). □ Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). □ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	services for personal, family, or h Taxes or penalties owed to gover Other - Specify applicable paragr	on 4/1/07 and every 3 years thereafter wit
5. Total Amount of Claim at Time Case Filed: \$\frac{1.140.000-plus}{\text{(unsecured)}}\$ Check this box if claim includes interest or other charges in addition to additional charges. (See Addendum)	(secured) (I	oriority) (Total) ttach itemized statement of all interest or
6. Credits: The amount of all payments on this claim has been purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of running judgments, mortgages, security agreements, and evidence of SEND ORIGINAL DOCUMENTS. If the documents are not a documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the stamped, self-addressed envelope and copy of this proof of company of the condition of the stamped. Sign apprint the name and title, if any, other creditor or of company of the condition of the stamped.	ments, such as promissory ing accounts, contracts, court f perfection of lien. DO NOT vailable, explain. If the e filing of your claim, enclose a laim.	This space is for Court U.S. EANKRUP ICY COURT This Space is FOR JAN 16 A 11: 29 This Space is FOR S.D. CF N.Y. 1/1./07

FORM B10 (Official Form 10) (10/05) PROOF OF CLAIM. United States Bankruptcy Court/ Southern District of New York Name of Debtor Case Number 06-22310 Bayou Accredited Fund, LLC NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the HERN DISTRICT OF NY case. A Trequest, for payment of an administrative expense may be filled pursuant to 11. U.S.C. 5.03. USBCSOUTHERN DISTRICT OF NY ☐ Check box If you are aware that UP, LLCCASE #06-22306 Name of Creditor (The person or other entity to whom the debtor owes CLAIM NO. 931 anyone else has filed a proof of money or property): claim relating to your claim. Marie-Louise Michelsohn Attach copy of statement giving particulars. Name and address where notices should be sent: ☐ Check box if you have never received any notices from the clo Koskoff, Koskoff & Bieder, PC bankruptcy court in this case. 350 Fairfield Avenue Bridgeport, CT 06611 Check box if the address differs from the address on the envelope sent to you by the Telephone number: 203-336-4421 This space is for Court Use Only court. Last four digits of account or other number by which creditor identifies Check here O replaces debtora previously filed claim, dated: if this claim □ amends Retiree benefits as defined in 11 U.S.C. § 1114(a) 1. Basis for Claim Wages, salaries, and compensation (Fill out below) Goods sold . Services performed Last four digits of your SS#: Money loaned Unpaid compensation for services performed Personal injury/wrongful death Taxes Other See Addendum (date) date 3. If court judgment, date obtained: 2. Date debt was incurred: February 1, 2004 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 1,480,000 (See Addendum) Secured Claim. ☐ Check this box if your claim is secured by collateral (including a right of Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing setoff). Brief Description of Collateral. it, or if c) none or only part of your claim is entitled to priority. □ Motor Vehicle ☐ Real Estate Other_ Unsecured Priority Claim. Value of Collateral: \$_ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included Amount entitled to priority \$ in secured claim, if any \$__ Specify the priority of the claim: ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). respect to cases commenced on or after the date of adjustment. 5. Total Amount of Claim at Time Case Filed: \$ \$1,480,000-plus (priority) (Total) ---(secured) (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. (See Addendum) This Space is for Court Use Only 6. Credits: The amount of all payments on this claim has been credited and deducted for the AWK purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date

Sign and print he name and title if any of the creditor or other person authorized to file this claim (Attach copy of power of attorney, If any). I get the struct of the solution of the solu

1/12/07

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

FORM B10 (Official Form 10) (10/05)		•
United States Bankruptcy Court Souther	n District of New York	PROOF OF CLAIM
Name of Debtor Bayou Superfund, LLC ⁱⁱ	Case Number 06-22307	
NOTE: This form should not be used to make a claim for an administrative expensions. A request for payment of an administrative expense may be filed pursuantly and the property of the the property o	se arising after the commencement of the 1 to 11U.S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Marie-Louise Michelsohn and Michelle Michelsohn, JT	Check box if you are ASBCSOL	THERN DISTRICT OF NY OUP, LLCCASE #06-22306 CLAIM NO. 766
Name and address where notices should be sent: c/o Koskoff, Koskoff & Bieder, PC 350 Fairfield Avenue Bridgeport, CT 06611	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs	, · · ·
Telephone number: 203-336-4421	from the address on the envelope sent to you by the court.	This space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor:	Check here ☐ replaces if this claim ☐ amends a prev	iously filed claim, dated:
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful de ath Taxes Other See Addendum	Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (Last four digits of your SS#: Unpaid compensation for services pe from (date) (date)	(Fill out below)
2. Date debt was incurred: November 1, 2004	3. If court judgment, date obtained	d:
4. Classification of Claim. Clieck the appropriate box or boxes that be See reverse side for important explanations. Unsecured Nonpriority Claim \$ 1,120,000 (See Addendum) Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority. Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the *tankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Secured Claim. Check this box if your claim is se setoff). Brief Description of Collateral: Real Estate	cured by collateral (including a right of micle Other
5. Total Amount of Claim at Time Case Filed: \$\frac{\$1,120,000-}{(unsecured)}\$ When Check this box if claim includes interest or other charges in addition to additional charges. (See Addendum)	(secured) · (priority) (Total) ttach itemized statement of all interest or
 Credits: The amount of all payments on this claim has been purpose of making this proof of claim. Supporting Documents: Attach copies of supporting documents, purchase orders, invoices, itemized statements of runrigudgments, mortgages, security agreements, and evidence of SEND ORIGINAL DOCUMENTS. If the documents are not a documents are voluminous, attach a summary. Date-Stamped Copy: To receive an acknowledgment of the stamped, self-addressed envelope and copy of this proof of contraction. 	ments, such as promissory ning accounts, contracts, court of perfection of lien. DO NOT available, explain. If the efiling of your claim, enclose a laim.	This Space Is for Court Use Only 764 1/16/07 U.S. BANKR
	chelle Michalsohn	ED UPTCY 6 A 0F N.)
Penalty for presenting traudulent claim: Fine of up to \$500,00	0 or imprisonment for up to 5 years, or both.	. 18 U.S.C. §§ 152 and 3571.

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n District of New York	PROOF OF CLAIM
Case Number 06-22307	
e arising after the commencement SRES to 11 U.S.C. § 503.	OUTHERN DISC.
anyone else has filed a proof of claim relating to your claim.	ROUP, LLCCASE #06-22306 CLAIM NO. 768
particulars. Check box if you have never received any notices from the bankruptcy court in this case.	
☐ Check box if the address differs from the address on the envelope sent to you by the court.	This space is for Court Use Only
Check here ☐ replaces if this claim ☐ amends a previous	ously filed claim, dated:
Retiree benefits as defined in 11 U.S. Wages, salaries, and compensation (f Last four digits of your SS#: Unpaid compensation for services per	
3. If court judgment, date obtained	d:
Secured Claim.	cured by collateral (including a right of
Value of Collateral: \$	narges <u>at time case filed</u> included
services for personal, family, or h Taxes or penalties owed to gover Other - Specify applicable paragr	on 4/1/07 and every 3 years thereafter with
(secured) (r	oriority) (Total) tach itemized statement of all interest or
ments, such as promissory ning accounts, contracts, court of perfection of lien. DO NOT evailable, explain. If the e filing of your claim, enclose a laim. Ther person authorized to file this claim Her person	This Space is the Court ose Only 768 SOUNTS A 10: 44
	e arising after the commencement SPECS to 11 U.S.C. § 503. BAYOU or 11 U.S.C. § 503. BAYOU or 11 U.S.C. § 503. BAYOU or 12 U.S.C. § 503. BAYOU or 13 U.S.C. § 503. BAYOU or 14 U.S.C. § 503. BAYOU or 15 U.S.C. § 503. BAYOU or 16 U.S.C. § 503. BAYOU or 17 U.S.C. § 503. BAYOU or 18 U.S.C. § 504. BAYOU or 18 U.S.C. § 505. BAYOU or 18